

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36933

PLACE OF DEATH

County JasperRegistration District No. 417Township Webb City, Mo.Primary Registration District No. 3021City Webb City, Mo. (No.)

File No.

Registered No. 86

St. Ward)

2. FULL NAME Sarah Ellen Lunceford(a) Residence, No. 517 N. Webb St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Louis C. Lunceford6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 18727. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 6 88. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Republic Missouri13. NAME N. M. Mooneyham14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Ill.15. MAIDEN NAME Leila Mooneyham16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co. Mo.17. INFORMANT L. C. Lunceford (ADDRESS) Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Republic Mo. DATE Nov. 9, 193319. UNDERTAKER Heck Undertaking Co. (ADDRESS) Webb City, Mo.20. FILED 11-8 1933 J. L. Craig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 193322. I HEREBY CERTIFY, That I attended deceased from June 1931, to 11-7 1933I last saw him/her alive on 11-7 1933 Death is saidto have occurred on the date stated above, at 830 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic arthritis Date of onset57A

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Craig M. D.(Address) Webb City, Mo.

